

Riverside Skating Center Ice Rink Rental Application

Return Rental Application To:
Morton Community Center
222 N. Chauncey Ave.
West Lafayette, IN 47906
Telephone (765) 775-5120; Fax (765) 775-5123

Type of activity: _____ Number of participants: _____

Date of activity: ____/____/____ Time: from _____ to _____ (include set-up/tear-down time)

Admission charged or donation requested for attendance: Yes ____ (amount per person \$_____) No ____

Use of admission or donation proceeds: _____

Equipment to be used (please list): _____

Name of group or organization: _____

Address: _____

Name of authorized representative: _____

Address: _____

Day phone: _____ Evening phone: _____ Fax: _____

The Riverside Skating Center Ice Rink ("ice rink") is available for use subject to the Rules and Rental Policy provided as a part of this rental application. I have read and fully understand the Riverside Skating Center Rules and Rental Policy and agree to follow them. The above-listed individual, group or organization shall be liable for claims, damages, or losses arising from the use of the ice rink and each member of the group or organization shall release and hold harmless West Lafayette Parks and Recreation (including the City of West Lafayette, West Lafayette Board of Parks and Recreation, and West Lafayette Parks and Recreation Department) from such claims, damages, or losses. We will hold harmless and indemnify West Lafayette Parks and Recreation (including the City of West Lafayette, West Lafayette Board of Parks and Recreation, and West Lafayette Parks and Recreation Department and their employees) from any such claims, damages, or losses.

Signature of authorized representative: _____ Date: ____/____/____

For Office Use Only

Amount paid: \$_____ Date paid: ____/____/____ Receipt number: _____

Conditions/Comments: _____

Approved by: _____ Date: ____/____/____

This reservation is confirmed when this form is completed, received, and approved by West Lafayette Parks and Recreation.